



NOTICE Denial of Expedited Appeal Request

[Date]

[Member's Name]

[Address]

[City, State Zip]

[IS Number]

[Provider Name]

HWLA Member ID #: [insert number]

DMH IS #: [insert number]

RE: Request for an Expedited Appeal

Dear [Member's Name]:

We received your appeal on [insert date]. After careful review, on [insert decision date] our reviewer decided to deny your request for an expedited resolution of appeal. This means that the appeal will be treated under the standard resolution timeframe and a letter with our decision will be mailed to you within 45 days from the date we received your appeal.

We will investigate your appeal and will contact you if we need more information.

NOTE: If you cannot read or understand this letter, call DMH Patients' Rights at (213) 738-4949. If you have trouble hearing or speaking, use TTY/TTD at (800) 735-2929.

During the standard appeal process you have the following rights:

1. You have the right to speak for yourself during the appeal or choose another person to act for you. That person is your representative. That person may be a relative, friend, advocate, doctor, lawyer or someone else.
2. You may send written comments, documents, records and other information about your appeal. **You should send in those papers within 15 days of the date of this letter. If you do not send them by that time, we may not consider your papers in making our decision.**

However, if you have a hearing, you may send in papers up to 15 days after the hearing ends, and we will consider them in our decision.

3. You may also ask for a hearing in person, by telephone, or by video teleconference with the person deciding the appeal. During the hearing you can give the reasons why you disagree and examine and cross examine witnesses. If you want a hearing in person or by video teleconference, you must call within **10 days of the date of this letter**. If you want a hearing by telephone, you may ask for it at any time, but asking for it more than 10 days after the date of this letter may delay our decision on your appeal.
4. Hearings are free of charge. You may ask us to repay your costs and the costs of your representative, if you have one, for getting to an in-person hearing. At the hearing we will tell you how to get repaid for these costs. You can change from a telephone or video teleconference to an in-person hearing at any time. You can change from an in-person hearing to a telephone hearing by asking at least 24 hours before the hearing date.
5. Before and during the appeal process you have the right to look at the case file (except for certain mental health professional notes in some limited cases). The case file includes medical records, other written notes, documents or other information related to your appeal. You may also look at HWLA's position statement, if there is one. Call DMH Patients' Rights at the number shown below if you want to look at these documents.
6. If, after we make our decision, you are still unhappy, you may ask for a State Fair Hearing. You may ask for a State Fair Hearing **after** you have finished the HWLA appeal process and have received an appeal decision letter.

Again, thank you for letting us know about your concerns. We value you as a HWLA member and we will make every effort to meet your healthcare needs.

This notice does not affect any other HWLA services.

Please call DMH Patients' Rights at (213) 738-4949 or TTY/TDD at (800) 735-2929 if you have any questions.

Sincerely,

(Name of Provider/Reviewer)

c: Requesting Provider/Clinic/CAU
DMH Patients' Rights